

Robert G. French, SBN 110435
LAW OFFICES OF ROBERT G. FRENCH
27951 Smyth Drive, Suite 101
Valencia, California 91355-4049
661 645-1609 Telephone
661 554-0144 Facsimile
frenchlaw@gmail.com

Attorneys for Debtor James Termini

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA - SAN FERNANDO DIVISION

In re:

JAMES ROBERT TERMINI,

Debtor.

Case No. 1:13-bk-11909-AA
Chapter 13

DECLARATION OF FELICIA TERMINI
RE PAYMENTS TO DEBTOR

I, FELICIA TERMINI, am an individual adult residing within the County of Los Angeles, California, and am competent to make this Declaration. All of the facts set forth herein are based on my personal knowledge, except those facts stated upon information and belief, and, as to those facts, I believe them to be true. If called upon, I could and would competently testify thereto if called upon to do so.

I am the adult daughter of the Debtor herein, JAMES TERMINI. My daughter and I now reside with Debtor in his residence. We pay rent sufficient to allow Debtor to meet his Trustee payment monthly. Said

1 amount is \$4,778.00 per month. My recent paystubs are attached
2 hereto as Exhibits A1 - A3 to verify that my income is sufficient to
3 meet this obligation. It is my current intention to continue in this
4 until my father's Plan is completed.

5 Executed at Northridge California on September 11, 2013.

6 I declare under penalty of perjury under the laws of the United
7 States that the foregoing is true and correct.
8
9
10

11 /s/ FELICIA TERMINI

12 FELICIA TERMINI
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

PERSONAL AND CHECK INFORMATION

Felicia A Termini
9205 Alca Ave
Northridge, CA 91325

Soc Sec #: xxx-xx-xxxx Employee ID: 45
Home Department: 100 000100

Pay Period: 08/21/13 to 09/03/13
Check Date: 09/06/13 Check #: 4213

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	919.21	3688.73
Chkg 1547	0.00	12810.36
NET PAY	919.21	16599.11

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Regular	76.50		1300.50	1370.75	23302.75
EARNINGS	76.50		1300.50	1370.75	23302.75

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		80.63	1444.77
Medicare		18.86	337.88
Fed Income Tax	S 2	120.22	2147.99
CA Income Tax	S 0 2	25.57	457.93
CA Disability		13.01	233.06

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
DEDUCTIONS		
TOTAL	258.29	4621.64
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Se Med Ben	123.00	2082.00
TOTAL	123.00	2082.00

NET PAY	THIS PERIOD (\$)	YTD (\$)
	919.21	16599.11

0089 0089-1711 Filed 09/12/13 at 09:11 AM by Clerk of Court, U.S. Bankruptcy Court, Central District of California, Case No. 13-11909-MB, Document 32-1, Page 3 of 6

this is bi-weekly

about 1850-1900
per month

EXHIBIT A-1



STATE OF CALIFORNIA

DIRECT DEPOSIT NUMBER
99012553

DIRECT DEPOSIT ADVICE

The amount printed on the face of this advice was transmitted to an account
at bank 122000247 from the IN-HOME SUPPORTIVE SVCS (IHSS) CMIPSI

09/09/13

TERMINI, FELICIA
9208 ALDEA AVE
NORTHRIDGE, CA 91325-2515

DOLLARS CENTS
\$*****316.14

NOT NEGOTIABLE

000952126

PAYEE IDENTIFICATION
NUMBER(S)

When changing accounts or financial institutions, notify your retirement system or agency
accounting office immediately. Do not close your old account until you have received your
first payment in your new account.



JOHN CHIANG
CALIFORNIA STATE CONTROLLER

ISSUE DATE: 09/09/13

Please contact your local IHSS county office for PAYMENT questions

Recipient	TERMINI JAMES	Hours Submitted	H 038	M 18
Provider	TERMINI FELICIA	Hours Not Paid	H 000	M 00
Service Period:	08/01/13 to 08/15/13	Hours Paid	H 038	M 10
Process Date:	09/04/2013	Pay Rate	\$ 9.65	
Record your daily hours and minutes like these samples		Timesheet #	29842638	
	Hours Minutes		Current	YTD
4 Hours 45 Minutes	4 45		369.60	5730.67
6 Hours 30 Minutes	6 30		Federal/EO	.00
10 Hours	10 00		Addt Federal	.00
Total Time	21 15		State	.00
			Addt State	.00
			FICA	22.89
			Medicare	5.39
			SD/IDEC	3.70
			Share of Cost	.00
			Recovery	.00
			Lien	.00
			Health	.00
			Dues	17.48
			Health Trust	.00
			COPE/PEOPLE	.00
			Initiation	.00
			Other Insurance	4.00
			Net Pay	316.14

How To Fill In Timesheet

- Enter the hours and minutes worked in the boxes next to the date you worked. Do Not write in boxes marked with 00:00.
- Only use black ink and print clearly.
- Do Not write on timesheet except in hours, minutes, signature, and date boxes.
- The IHSS Program will Not pay over authorized hours.
- Payment will be based on daily hours.
- Do Not use white out on the timesheet.
- Be sure both Recipient and Provider have signed and dated on back of timesheet.
- Do Not fold, wrinkle, or staple the timesheet.

Detach timesheet before mailing. (Save the top portion for your information)

this is bi-weekly

about 1/2
per month

EXHIBIT A-2

INVOICE DATE	INVOICE NUMBER	DISCOUNT TAKEN	NET AMOUNT	PO/REFERENCE	DESCRIPTION OF PAYMENT
08/29/13	1308291121 08190		3,036.00		Anesthesia Resident Train ing(S.P.)-June
0422844-500 TERMINI, FELICIA					\$3,036.00

* CORRECTION CODES :

- 1) California State Sales or Use Tax deducted:
 - a) Purchase is for resale in this instance. Permit number for the Irvine Campus is SR EA 24-141560
 - b) Title remains with the government
- 2) California State Sales or Use Tax added. Purchase is not for resale.
- 3) Arithmetical error on invoice has been corrected.
- 4) Transportation charge has been deducted. Purchase order quoted FOB destination.
- 5) Transportation charge has been deducted. Copy of freight bill was not furnished as required by terms of purchase order. Reference purchase order number on copy of freight bill and submit for payment.
- 6) Other corrections see attached.

2988323

EXHIBIT A-3

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number Robert G. French, SBN 110435 LAW OFFICES OF ROBERT G. FRENCH 27951 Smyth Drive, Suite 101 Valencia, California 91355 (661) 645-1609 Telephone (661) 554-0144 Fax <input checked="" type="checkbox"/> Attorney for: James R. Termini	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: JAMES ROBERT TERMINI Debtor(s).	CASE NO.: 1:13-bk-11909-AA CHAPTER: 13 ADV. NO.

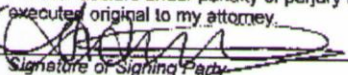
**ELECTRONIC FILING DECLARATION
(INDIVIDUAL)**

- ☐ Petition, statement of affairs, schedules or lists
☐ Amendments to the petition, statement of affairs, schedules or lists
☒ Other: Declaration

Date Filed: _____
Date Filed: _____
Date Filed: _____

PART I - DECLARATION OF DEBTOR(S) OR OTHER PARTY

I (We), the undersigned Debtor(s) or other party on whose behalf the above-referenced document is being filed (Signing Party), hereby declare under penalty of perjury that: (1) I have read and understand the above-referenced document being filed electronically (Filed Document); (2) the information provided in the Filed Document is true, correct and complete; (3) the "/s/," followed by my name, on the signature line(s) for the Signing Party in the Filed Document serves as my signature and denotes the making of such declarations, requests, statements, verifications and certifications to the same extent and effect as my actual signature on such signature line(s); (4) I have actually signed a true and correct hard copy of the Filed Document in such places and provided the executed hard copy of the Filed Document to my attorney; and (5) I have authorized my attorney to file the electronic version of the Filed Document and this Declaration with the United States Bankruptcy Court for the Central District of California. If the Filed Document is a petition, I further declare under penalty of perjury that I have completed and signed a Statement of Social Security Number(s) (Form B21) and provided the executed original to my attorney.



Signature of Signing Party
FELICIA TERMINI

Printed Name of Signing Party

Date 9/11/13

Signature of Joint Debtor (if applicable)
N/A

Printed Name of Joint Debtor (if applicable)

Date _____

PART II- DECLARATION OF ATTORNEY FOR SIGNING PARTY

I, the undersigned Attorney for the Signing Party, hereby declare under penalty of perjury that: (1) the "/s/," followed by my name, on the signature lines for the Attorney for the Signing Party in the Filed Document serves as my signature and denotes the making of such declarations, requests, statements, verifications and certifications to the same extent and effect as my actual signature on such signature lines; (2) the Signing Party signed the Declaration of Debtor(s) or Other Party before I electronically submitted the Filed Document for filing with the United States Bankruptcy Court for the Central District of California; (3) I have actually signed a true and correct hard copy of the Filed Document in the locations that are indicated by "/s/," followed by my name, and have obtained the signature(s) of the Signing Party in the locations that are indicated by "/s/," followed by the Signing Party's name, on the true and correct hard copy of the Filed Document; (4) shall maintain the executed originals of this Declaration, the Declaration of Debtor(s) or Other Party, and the Filed Document for a period of five years after the closing of the case in which they are filed; and (5) I shall make the executed originals of this Declaration, the Declaration of Debtor(s) or Other Party, and the Filed Document available for review upon request of the Court or other parties. If the Filed Document is a petition, I further declare under penalty of perjury that: (1) the Signing Party completed and signed the Statement of Social Security Number(s) (Form B21) before I electronically submitted the Filed Document for filing with the United States Bankruptcy Court for the Central District of California; (2) I shall maintain the executed original of the Statement of Social Security Number(s) (Form B21) for a period of five years after the closing of the case in which they are filed; and (3) I shall make the executed original of the Statement of Social Security Number(s) (Form B21) available for review upon request of the Court.



Signature of Attorney for Signing Party
ROBERT G. FRENCH

Printed Name of Attorney for Signing Party

Date 9-11-13